

Adult Day Health Care Services

Definition: Adult Day Health services are furnished 4 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Authorization of services will be based on the participant's need for the service as identified and documented in the participant's plan of care. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the participant's plan of care are not furnished as component parts of this service.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. A list of providers can be found on the DDSN website.

Conflict Free Case Management:

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging For the Service: Once it is determined that Adult Day Health services are needed, document the need for the services in the participant's Support plan. Provide the participant or his/her family with the listing of enrolled providers. The request for Adult Day Health Care Services will be reviewed by the SCDDSN Waiver Administration Division. The Community Long Term Care Adult Day Health Care Form (DHHS Form 122 DC) from the physician must be included in the request sent to the SCDDSN Waiver Administration Division. The ADHC provider is responsible for obtaining this form. Upon obtaining this form the ADHC Provider will send a copy of the form to the Waiver Case Manager.

Note: A separate Adult Day Health Care Assessment is not required

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Monitoring the Services: The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Adult Day Health Care Services:

- Must complete on-site monitorship during the first month while the service is being provided
- At least once during the second month of service
- At least every six (6) months thereafter
- Yearly on-site monitorship required

Some items to consider during monitorship include:

- Is the participant satisfied with the Adult Day Health Care Center?
- Is the ADHC Center clean (sanitary)?
- Is the ADHC Center in good repair?
- How often does the participant attend? If less than five hours a day, is this authorized?
- Are there any health/safety issues?
- Is this consistent with the authorization?
- How often does the ADHC Center Staff have contact with family?
- Are there any behavior problems?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the ADHC Center offer?
- Does the participant feel comfortable interacting with staff?
- What are the opportunities for choice given to the participant?
- What type of care is the participant receiving?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.